PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed

| indicated unless corrected maintenance fee notificatio | below or directed otherwise ns. | in Block 1, by (a | rders and not a) specifying | ification of maintenance fees a new correspondence address | will be mailed to the currents; and/or (b) indicating a ser | at correspondence address as parate "FEE ADDRESS" for | |
|--|--|--|---|---|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24309 7590 04/27/2006 | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| XILINX, INC ATTN: LEGAL D 2100 LOGIC DR SAN JOSE, CA 95 | JUN 2.8 2006 | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| - | | The same of the sa | . aver | (Pat Tom | 17 | (Dopositor's name) | |
| | | TRE TRA | DEMATT | June 28. | 2006 | (Signature) (Date) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/799,183 03/12/2004 | | Scott J. Can | | Campbell | X-1449 US | 8162 | |
| APPLN, TYPE | ARALLEL KEYSTREAM I | ISSUE FE | ee T | PUBLICATION FEE | 70714 70410 | | |
| nonprovisional | NO | | i | | TOTAL FEE(S) DUE | DATE DUE | |
| | | \$1400 | | \$0 | \$1400 | 07/27/2006 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| ELISCA, PIERRE E 1. Change of correspondence address or indication of "Fo | | 3621 | | 705-050000 | | _ | |
| CFR 1.363). Change of correspondence address (or Change of Correspondences for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cunumber is required. | | | (1) the nam or agents C (2) the nam registered a 2 registered listed, no n | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| | | | | se, California 95124 | | | |
| Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are enclosed: XIssue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | 4b. Payment of Fce(s): A check in the amount of the fce(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-0040 (enclose an extra copy of this form). | | | | |
| | from status indicated above) | | | - | | | |
| La. Applicant claims SN | MALL ENTITY status. See 3 | 7 CFR 1.27. | b. Applica | nt is no longer claiming SMAL | L ENTITY status. See 37 CF | R 1.27(g)(2). | |
| NOTE: The Issue Fee and Puinterest as shown by the receipt | s requested to apply the Issue blication Fee (if required) wi as of the United States Pater | Fee and Publication III not be accepted at and Trademark C | on Fee (if any from anyone o Office. |) or to re-apply any previously other than the applicant; a regis | paid issue fee to the applicate tered attorney or agent; or the | ion identified above. e assignee or other party in | |
| Authorized Signature | | <i>D</i> ' | | | une 28, 2006 | | |
| | | hanroo | | Registration No | . <u>36,480</u> | | |
| This collection of information in application. Confidentiality submitting the completed app his form and/or suggestions | n is required by 37 CFR 1.31 y is governed by 35 U.S.C. 1 plication form to the USPTO for reducing this burden, sho | 1. The information 22 and 37 CFR 1. Time will vary duld be sent to the | is required to 14. This colle lepending upo Chief Informa | obtain or retain a benefit by the ection is estimated to take 12 mm in the individual case. Any con- tion Officer, U.S. Patent and T | e public which is to file (and inutes to complete, including aments on the amount of time rademark Office, U.S. Depart | by the USPTO to process) g gathering, preparing, and the you require to complete there of Commence B.O. | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MAIL STOP ISSUE FEE

COMMISSIONER FOR PATENTS

P. O. Box 1450

Alexandria, Virginia 22313-1450

Inventor(s):

Scott J. Campbell

Assignee: XILINX, INC.

Serial No.: 10/799,183 .

Filed:

March 12, 2004

Title: Parallel Keystream Decoder

Docket No.:

X-1449 US

Enclosed: Return Receipt Postcard

Fee Transmittal - Part B

June 28, 2006 Date:

Atty/Sec: KAC/pat

conf.no. 8162

VIA FACSIMILE 571-273-2885